

Document Page 1 of 1  
**United States Bankruptcy Court**  
of the  
**Northern District Of Illinois**  
**Western Division**

In Re: COREY R. PRICE  
704 SOPER AVENUE  
ROCKFORD, IL 61101

Trustee's Final Report  
SSN-xxx-xx-2557

Case Number: 08-70393

Case filed on: 2/14/2008  
Plan Confirmed on: 4/18/2008

D Dismissed

Total funds received and disbursed pursuant to the plan: \$550.00

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
000	BALSLEY & DAHLBERG LLP	3,000.00	3,000.00	504.71	0.00
	Total Legal	3,000.00	3,000.00	504.71	0.00
001	INTERNAL REVENUE SERVICE	1,414.68	1,414.68	0.00	0.00
002	INTERNAL REVENUE SERVICE	0.00	0.00	0.00	0.00
025	ILLINOIS DEPARTMENT OF REVENUE	2,160.90	2,160.90	0.00	0.00
	Total Priority	3,575.58	3,575.58	0.00	0.00
999	COREY R. PRICE	0.00	0.00	0.00	0.00
	Total Debtor Refund	0.00	0.00	0.00	0.00
001	INTERNAL REVENUE SERVICE	4,114.15	4,114.15	0.00	0.00
003	ACE AMERICA'S CASH EXPR	566.66	566.66	0.00	0.00
004	ADVANCE CASH EXPRESS	0.00	0.00	0.00	0.00
005	AMCORE BANK, N.A.	0.00	0.00	0.00	0.00
006	ASSET ACCEPTANCE CORP	394.31	394.31	0.00	0.00
007	CASH LOAN STORE	814.50	814.50	0.00	0.00
008	CHECKS FOR CASH	0.00	0.00	0.00	0.00
009	CINGULAR WIRELESS	0.00	0.00	0.00	0.00
010	CREDIT COLLECTION SERVICES	0.00	0.00	0.00	0.00
011	CRUSADER CLINIC	0.00	0.00	0.00	0.00
012	FIRST PREMIER BANK	0.00	0.00	0.00	0.00
013	GUZZARDO MUSIC	0.00	0.00	0.00	0.00
014	IL. DEPT. OF EMPLOYMENT SECURITY	0.00	0.00	0.00	0.00
015	RMH EMERGENCY DEPARTMENT	0.00	0.00	0.00	0.00
016	ROCKFORD HEALTH PHYSICIANS	0.00	0.00	0.00	0.00
017	ROCKFORD HEALTH SYSTEMS	0.00	0.00	0.00	0.00
018	ROCKFORD MERCANTILE AGENCY INC	9,786.05	9,786.05	0.00	0.00
019	SBC	0.00	0.00	0.00	0.00
020	SWEDISH AMERICAN HOSPITAL	0.00	0.00	0.00	0.00
021	COTTONWOOD FINANCIAL	509.22	509.22	0.00	0.00
022	U.S. CELLULAR	0.00	0.00	0.00	0.00
023	US DEPARTMENT OF EDUCATION	9,164.64	9,164.64	0.00	0.00
024	WINNEBAGO COUNTY CIRCUIT CLERK	0.00	0.00	0.00	0.00
025	ILLINOIS DEPARTMENT OF REVENUE	367.86	367.86	0.00	0.00
	Total Unsecured	25,717.39	25,717.39	0.00	0.00
	Grand Total:	32,292.97	32,292.97	504.71	0.00

Total Paid Claimant: \$504.71  
Trustee Allowance: \$45.29  
Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer  
Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 12/30/2008

By /s/Heather M. Fagan